



**CITY OF DALLAS**

**ENVIRONMENTAL AND HEALTH SERVICES DEPARTMENT  
FOOD PROTECTION AND EDUCATION DIVISION  
FOOD HANDLER REGISTRATION**

FEE	RETURN ALL APPLICATION TO:	FOR OFFICE USE ONLY
Certificate.....\$25.00	Food Handlers Registration Department of Environmental and Health Food Protection and Education Division 7901 Goforth Road Dallas, Texas 75238  <b>Telephone: (214) 670-8083</b>  <b>Fax: (214) 670-8330</b>	Certificate # _____
<b>Total Enclosed.....\$25.00</b>		FA# _____
<b>All Fees are Non-Refundable</b>		Card Code _____
		Date Certified _____
		Expires _____
		Eligibility _____
		Date Typed/Mailed _____
		Reviewed By _____

**Please Print – All Spaces Must Be Complete // Application Must be Submitted at least Two Days Prior to class**

Name \_\_\_\_\_  
Last First Middle Initial

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Other I.D. \_\_\_\_\_

**(Photo Copy of Drivers License Required)**

Food Establishment to Which Registration Assigned \_\_\_\_\_

St. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attending Registration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ PM

Select Presentation in English  or Spanish

First Time Registration? Yes \_\_\_\_\_ No \_\_\_\_\_

**All fees associated with this application are non- refundable. If you are not present on the date and time of the class specified above, the application and fee submitted are non-transferable to future classes. I understand that giving false information will be grounds for revocation of the registration certificate. I hereby certify that the above information is true and accurate. PLEASE ARRIVE TO CLASS AT LEAST 15 MNUTES EARLY!**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE